

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Joe Shochet et al.
Serial No.: 10/677,958 Examiner: Liu, Lin
Filed: October 1, 2003 Group Art Unit: 2445
For: A MULTI-USER INTERACTIVE COMMUNICATION NETWORK
ENVIRONMENT

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on January 5, 2010 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. 02-DIS-025-WDIG-US-UTL
(820.004)

5. ☐ Also enclosed: _____
6. ☐ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	22	-	**	43	=	*	\$26	=	O	x	\$52	=
Ind. Claims	4	-	***	8	=	*	\$110	=	O	x	\$220	=
<input type="checkbox"/> Multiple Dependent Claim Presented							\$195	=	O	+	\$390	=
							TOTAL	=	O		TOTAL	=
									R			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-5017.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to **Ference & Associates LLC Deposit Account No. 50-5017.**

Respectfully submitted,

FERENCE & ASSOCIATES LLC

Dated: January 5, 2010

By: /Stanley D. Ference III/
Reg. No. 33,879

Mailing Address:

Customer No. 77755
FERENCE & ASSOCIATES LLC
400 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile